

## RETAIL FOOD ESTABLISHMENT APPLICATION FOR EVENT AUTHORIZATION

Bureau of Environmental Health Services
Division of Food Protection & Rabies Prevention

## **Application Instructions:**

- \*\* Application must be legible. Any missing information will result in delays in processing this application.
- 1) Applicant shall be the Event Coordinator requesting authorization for food vendors at events that offer food as per 9-8, 9-9 and 9-11 of R. 61-25, Retail Food Establishments.
- 2) Applicant shall submit a completed application for authorization and receive authorization from the Department prior to the event. It is recommended that applications be submitted 14 days in advance of the event.
- 3) If additional space for list of vendors is required it shall be included as an attachment and labeled with the event name, dates, and address of event.

Event Name						
Event Address		City		Z	Zip	
County (location)						
List Hours of Operation: S	M	_ T	_ W	Th	F	Sa
The following is to be completed for Temporary Food Service Establishments (9-8) and Community Festivals (9-9):						
List Dates of Consecutive Operation for the Event or Date Range of the Series						
List Date and Time that all Food Vendors are Required to be Ready for Operation						
Event Coordinator						
24-hour Emergency Contact Number(s) Fax						
Mailing Address						
City		State			Zip	
Phone Mobile	:	E-mai	I			
I, the undersigned, attest to the accu						ry Food Establishment,
Community Festival or SC Farmers It is unlawful for a person to willfully the laws of this State.  Should the Event or Food Vendors a may be subject to enforcement action Laws and/or permit suspension/revended.	Market/Seasonal give false, mislead associated with the on, which may incl	Series will compliding, or incomple event fail to addude civil penaltico Regulation 61	oly with SC E ete informati nere to the re es pursuant -25, Retail Fo	OHEC Regulation on on a docume quirements of R to Section 44-1-	n 61-25. ent, record, repo egulation 61-25 150(B) of the S	ort, or form required by 5, the permit to operate
Event Coordinator Signature		Print Nam	е		Sub	omittal Date
Application Complete DateReviewer Information collected on this form is subject to public scrutiny or release and the Freedom of Information Act						